

Exhibit A

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Abdul-Karim Abdul-Muhammed
Last Name First Middle

HOME ADDRESS 4341 Ely Ave
New York NY 10466
City State Zip Code

HOME PHONE 646 506 8845 WORK PHONE (718) 302-7302

SIGNATURE Abdul-Muhammed Abdul-Karim

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Lendel Adams - George Ornela
Last Name First Middle

HOME ADDRESS 2721 Tilden Ave.
Brooklyn New York 11226
City State Zip Code

HOME PHONE 718-510-6722 CELL PHONE 646-481-6411

SIGNATURE Lendel Adams PERSONAL E-MAIL Lendel4adams@aol.com

CONSENT TO SUE

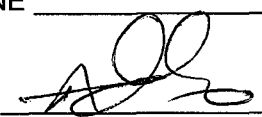
REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ADDU SALAS MILLS
Last Name First Middle

HOME ADDRESS 1919 MCGRAW AVE #7B
BR NY 10462
City State Zip Code

HOME PHONE _____ CELL PHONE 646-730-2686

SIGNATURE  PERSONAL E-MAIL Silas252@Hotmail.com

CONSENT TO SUE


REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ADEAGBO OLATUNBOSUN A.
Last Name First Middle

HOME ADDRESS 1388 E. 94th Street #2 floor
Brooklyn, NY 11236
City State Zip Code

HOME PHONE 718 864 9421 WORK PHONE _____

SIGNATURE 

CONSENT TO SUE


REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Adeolago Kikelomo Mutiat
Last Name First Middle

HOME ADDRESS 735 Lincoln Avenue, Apt 175
Brooklyn NY 11208
City State Zip Code

HOME PHONE 347-301-2049 WORK PHONE _____

SIGNATURE 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Adedeji Elizabeth Adedója
Last Name First Middle

HOME ADDRESS 816 Saratoga Avenue 2B
Brooklyn NY 11212
City State Zip Code

HOME PHONE (347) 581-6758 WORK PHONE _____

SIGNATURE E. Adedója

CONSENT TO SUE

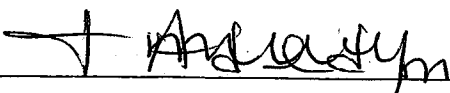
REQUEST TO BECOME PARTY-PLAINTIFF - INVESTIGATIVE CONSULTANT/PROTECTIVE AGENT
EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Adedoyin Florence O
Last Name First Middle

HOME ADDRESS 710 dumont ewle 3E brooklyn
brooklyn NY 11207
City State Zip Code

HOME PHONE _____ CELL PHONE 718 427 4459

SIGNATURE 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ADENIJI IDAYAT OLAKUNBI
Last Name First Middle

HOME ADDRESS 19 BELMONT AVENUE
BEVERLY NJ 08010
City State Zip Code

HOME PHONE (609) 871-2409 WORK PHONE (212) 701-4365

SIGNATURE S. Idajade niji

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Adesanya Ademola Abidemi
Last Name First Middle

HOME ADDRESS 765 Lincoln Avenue # 55
Brooklyn NY 11208
City State Zip Code

HOME PHONE 347-415-9529 WORK PHONE 212-701-4352

SIGNATURE 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME AHMED NADIR
Last Name First Middle

HOME ADDRESS 89 METROPOLITAN OVAL, Apt. # 10A
BRONX NY 10462
City State Zip Code

HOME PHONE 347-684-9688 WORK PHONE 718-716-7707

SIGNATURE Nadir Ahmed

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME AKiarimisi Kofoworola Yemisi
Last Name First Middle

HOME ADDRESS 498, East 138th Street apt # 2^d
Bronx NY 10454
City State Zip Code

HOME PHONE 347-455-2935 WORK PHONE _____

SIGNATURE 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME AKPONA FELIX PGACF
Last Name First Middle

HOME ADDRESS 541 S. EDIKER AVENUE
BROOKLYN NY 11207
City State Zip Code

HOME PHONE 347 240-7685 WORK PHONE 347 247-3662

SIGNATURE [Signature]

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME AKULIN Celeste Anne
Last Name First Middle

HOME ADDRESS 16-166 Bell Blvd. # 736
Bayside NY 11360
City State Zip Code

HOME PHONE 646-226-8385 WORK PHONE 718-716-6264

SIGNATURE Celeste

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ALAO ISAAC OLAYINKA
Last Name First Middle

HOME ADDRESS 675 LINCOLN AVENUE #14R
BROOKLYN NY 11208
City State Zip Code

HOME PHONE (646) 739-3226 WORK PHONE _____

SIGNATURE 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Alexander Lizar Daniella
Last Name First Middle

HOME ADDRESS 731 Gerard Ave 4A
Bronx NY 10451
City State Zip Code

HOME PHONE 347 816 5406 WORK PHONE 212 607 5347

SIGNATURE 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Alicea Marilu
Last Name First Middle

HOME ADDRESS 494 West 158th Street Apt 6D
NY NY 10032
City State Zip Code

HOME PHONE 646 468 7421 WORK PHONE _____

SIGNATURE Marilu Alicea

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

CONSENT TO SUE

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Allen Kaye L
Last Name First Middle

HOME ADDRESS 2541 7th Ave apt 17F
New York, NY 10039
City State Zip Code

HOME PHONE 212 862-8751 WORK PHONE 718 716 7541

SIGNATURE [Signature]

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ALLENDE JR ANIBAL
Last Name First Middle

HOME ADDRESS 1430 AMSTERDAM AVE APT 14A
NEW YORK NY 10027
City State Zip Code

HOME PHONE 917-565-4111 WORK PHONE 212-701-4300

SIGNATURE Anibal Allende JR

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ALMONTE ANNELIEE A.
Last Name First Middle

HOME ADDRESS 117-03 HILLSIDE AVE #3A
RICHMOND HILL, NY 11418
City State Zip Code

HOME PHONE (929) 372-3988 WORK PHONE _____

SIGNATURE Anneliee Almonte

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Alston, Roberts Anita Lynette
Last Name First Middle

HOME ADDRESS 109 Christopher Ave. 6D
Brooklyn NY. 11212
City State Zip Code

HOME PHONE 646 537-5397 WORK PHONE 718 399 5610

SIGNATURE [Signature]

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ALVAREZ FABIO L
Last Name First Middle

HOME ADDRESS 32-59 48 ST
ASTORIA N.Y. 11103
City State Zip Code

HOME PHONE 347 981 3029 WORK PHONE 718 722 8201

SIGNATURE FABIO ALVAREZ

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Ambrose Okojie 1
Last Name First Middle

HOME ADDRESS 1149 Morris Avenue 4c
Bronx NY 10456
City State Zip Code

HOME PHONE 347-335-3498 WORK PHONE _____

SIGNATURE [Signature]

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Anderson Wendy
Last Name First Middle

HOME ADDRESS 1109 Franklin Ave APT 2E
Bronx NY 10456
City State Zip Code

HOME PHONE _____ CELL PHONE 646-789-7803

SIGNATURE Wendy Anderson PERSONAL E-MAIL Darksweet8 AOL.com

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ANTWI ALFRED E
Last Name First Middle

HOME ADDRESS 1919 MCGRAW AVE H7B
BRONX NY 10462
City State Zip Code

HOME PHONE 347-398-5560 WORK PHONE 718-716-6435

SIGNATURE [Signature]

(Continue on Reverse)

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - INVESTIGATIVE CONSULTANT/PROTECTIVE AGENT
EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under
the Fair Labor Standards Act.

NAME ARIWODOLA GABRIEL BABAFEMI
Last Name First Middle

HOME ADDRESS 145-123 106TH AVE #2FLR - JAMAICA
QUEENS NY 11435
City State Zip Code

HOME PHONE 347-233-3203 CELL PHONE (718)-790-8534

SIGNATURE 

CONSENT TO SUE

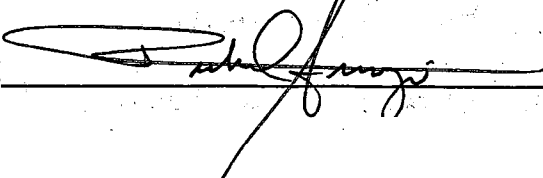
REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Arroyo, Richard
Last Name First Middle

HOME ADDRESS 4 Martine Ave, #204
White Plains, NY 10606
City State Zip Code

HOME PHONE 347-306-7631 WORK PHONE 212-701-4300

SIGNATURE 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Askins DERRICK D.
Last Name First Middle

HOME ADDRESS 102-18 32ND AV. EAST ELMHURST
Queens NEW YORK 11368
City State Zip Code

HOME PHONE 1-718-457-8513 WORK PHONE 1-718-302-8157

SIGNATURE Derrick D. Askins

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Atchison Creola
Last Name First Middle

HOME ADDRESS 773 Concourse Village East
Bronx NY 10451
City State Zip Code

HOME PHONE 718-992-5328 WORK PHONE 212-701-4366

SIGNATURE Creola Atchison

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ~~SAMUEL~~ AUSTIN SAMUEL
Last Name First Middle

HOME ADDRESS 1515 METROPOLITAN AVE #4G
NY USA 10462
City State Zip Code

HOME PHONE 347-6215425 WORK PHONE 212-5131167

SIGNATURE Samuel Austin

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Ayala Maurice Russell d1-3.p
Last Name First Middle

HOME ADDRESS 3400 PAVI AVE APT 12C 000 of 161
City State Zip Code

718-618-0942 Bronx NY 10468
City State Zip Code

HOME PHONE 212-312-4716 WORK PHONE 347-361-9893

SIGNATURE Maurice Russell
Signature

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Baker Charde'
Last Name First Middle

HOME ADDRESS 1027 Warwick Street
Bklyn ny 11207
City State Zip Code

HOME PHONE 347-893-5432 WORK PHONE 212-232-0600

SIGNATURE Charli Baker

CONSENT TO SUE
REQUEST TO BECOME PARTY-PLAINTIFF – INVESTIGATIVE CONSULTANT/PROTECTIVE AGENT
EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Baker, Jennifer Co-Landra
Last Name First Middle

HOME ADDRESS 152 North Elliot Wk # 5B
Brooklyn, NY 11205
City State Zip Code

HOME PHONE ³⁴⁷ 917-725-3346 CELL PHONE 246-795-7030

SIGNATURE Jennifer C. Baker

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bulbena Jose Abigail
Last Name First Middle

HOME ADDRESS 355 Clinton Ave 5E
Brooklyn NY NY 11238
City State Zip Code

HOME PHONE 347 415 9607 WORK PHONE _____

SIGNATURE Abigail Bulbena

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BALOGUN OLUREMI L
Last Name First Middle

HOME ADDRESS P O BOX 24278
BROOKLYN NEW YORK 11202
City State Zip Code

HOME PHONE 347-801-3076 WORK PHONE 212-361-8583

SIGNATURE Reed Balogun

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Banks Latish S
Last Name First Middle

HOME ADDRESS 545 West 120th Street Apt 11d
New York NY 10027
City State Zip Code

HOME PHONE 212 701 4378 CELL PHONE 347 234-2042

SIGNATURE [Signature] PERSONAL E-MAIL Lbanks@dhs.nyc.gov

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

CONSENT TO SUE

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BARNETT Cyrlene Yvonne
Last Name First Middle

HOME ADDRESS 101-23 Flatlands Avenue
Bklyn NY 11236
City State Zip Code

HOME PHONE 718 257-0312 (Home) WORK PHONE _____

SIGNATURE Cyrlene Barnett 718 715-8295 (cell)

CONSENT TO SUE
REQUEST TO BECOME PARTY-PLAINTIFF – CPS and JOS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BASCONI TERMANIK CHRIS
Last Name First Middle

HOME ADDRESS 3308 FOSTER AVE
BROOKLYN NY 11210
City State Zip Code

HOME PHONE 347-451-2344 WORK PHONE 718-686-8908

SIGNATURE [Signature]

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bayne Terry
Last Name First Middle

HOME ADDRESS 370 East 58th
Bklyn N.Y. 11203
City State Zip Code

HOME PHONE 347-465-4673 WORK PHONE 718-302-8157

SIGNATURE T. Bayne

REQUEST TO BECOME PARTY-PLAINTIFF

CONSENT TO SUE

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BELLO-BAKARE, SADIAT
Last Name First Middle

HOME ADDRESS 5, ARLINGTON COURT
STATEN ISLAND, NY 10310
City State Zip Code

HOME PHONE 347 276-3910 WORK PHONE 718/716-7707

SIGNATURE Sadiat Bello Bakare

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BELTON ANDREY A
Last Name First Middle

HOME ADDRESS 1010 SHERMAN AVE #6J
BRONX NY 10456
City State Zip Code

HOME PHONE 347-329-0127 WORK PHONE _____

SIGNATURE [Signature]

CONSENT TO SUE

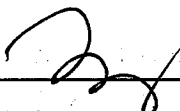
REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bergholz Penniellen
Last Name First Middle

HOME ADDRESS 431 E. 83rd Street #5A
New York NY 10028
City State Zip Code

HOME PHONE 212-737-3114 WORK PHONE _____

SIGNATURE 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BUTHEA, CHEVELLE R
Last Name First Middle

HOME ADDRESS 1 Glenwood Ave #19J
Bronx NY 10701
City State Zip Code

HOME PHONE 718-825-8241 WORK PHONE 718-716-7707

SIGNATURE Chevelle Buthea

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bickram Daniel
Last Name First Middle

HOME ADDRESS 1279 Noble Ave
Bronx NY 10472
City State Zip Code

HOME PHONE 1-917-8575-973 WORK PHONE _____

SIGNATURE Daniel Bickram

(Continue on Reverse)

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BIEWAN KEMBEY
Last Name First Middle

HOME ADDRESS 1730 MONTGOMERY AVENUE. APT 5B
BRONX NY 10453
City State Zip Code

HOME PHONE (718) 901-5112 WORK PHONE (212) 701-4364

SIGNATURE K. Biewan

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

CONSENT TO SUE

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bishinkevich VADIM M
Last Name First Middle

HOME ADDRESS 2373 EAST 14th STREET
BROOKLYN NY 11229
City State Zip Code

HOME PHONE 201-819-1315 WORK PHONE 977-718 716-7535

SIGNATURE [Signature]

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Black Cony Mike
Last Name First Middle

HOME ADDRESS 1875 Third Ave
New York NY 10029
City State Zip Code

HOME PHONE (917) 318-3861 WORK PHONE _____

SIGNATURE Gary Black

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BOATSWAIN KENNETH R
Last Name First Middle

HOME ADDRESS 120-10 DONZETTI PLACE
BRONX NY 10475
City State Zip Code

HOME PHONE (718) 515-4346 WORK PHONE _____

SIGNATURE Kenneth Boatswain

CONSENT TO SUE

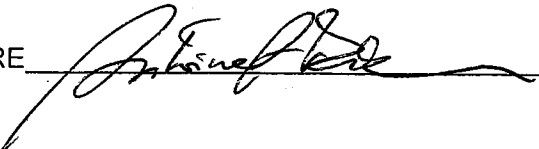
REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BOLOUVI ANTOINE
Last Name First Middle

HOME ADDRESS 145-19 224TH STREET
SPRINGFIELD GARDENS NY 11413
City State Zip Code

HOME PHONE 718-978-1107 WORK PHONE 718-716-7522

SIGNATURE 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bonet Iris D.
Last Name First Middle

HOME ADDRESS 815 West 180th Street Apt 24
New York NY 10033
City State Zip Code

HOME PHONE N/A WORK PHONE (718) 716-6436

SIGNATURE Iris D. Bonet

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Borrego Nisha
Last Name First Middle

HOME ADDRESS 633 Olmstead Ave
Bronx NY 10473 36
City State Zip Code

HOME PHONE 929 246 9377 WORK PHONE 718 716 6092

SIGNATURE Nisha Borrego

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Buklino Sr. NORMAN Edward
Last Name First Middle

HOME ADDRESS 84 Polaski Street
Brooklyn NY 11206
City State Zip Code

HOME PHONE 718-781-2002 WORK PHONE 718-716-7524

SIGNATURE 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BOWENS Wendell
Last Name First Middle

HOME ADDRESS S3-SS EAST 130 ST #3B
New York NY 10037
City State Zip Code

HOME PHONE (347) 863-6684 WORK PHONE _____

SIGNATURE Wendell, Bowens

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BRIAN CHRISTOPHER RICHARDS
Last Name First Middle

HOME ADDRESS 5705 Fillmore Ave
Brooklyn NY 11234
City State Zip Code

HOME PHONE (718) 968-2936 WORK PHONE (718) 716-7512

SIGNATURE 

REQUEST TO BECOME PARTY-PLAINTIFF

CONSENT TO SUE

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brewer Tammy
Last Name First Middle

HOME ADDRESS 1339 Lincoln Place Apt 6E
BKlyn NY 11213
City State Zip Code

HOME PHONE 347 901 1167 WORK PHONE _____

SIGNATURE Tammy Brewer

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bright Kailian A
Last Name First Middle

HOME ADDRESS 334 Eiton Street Apt 7A
BKlyn ny 11208
City State Zip Code

HOME PHONE 917 808 5041 WORK PHONE _____

SIGNATURE [Signature]

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BROWN Arlene L.
Last Name First Middle

HOME ADDRESS 491 E 162nd St. #11A
Bronx NY 10451
City State Zip Code

HOME PHONE 347-265-8590 WORK PHONE _____

SIGNATURE Arlene L. Brown

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Debra
Last Name First Middle

HOME ADDRESS 60 Moore St 6A
Bryn, NY 11206
City State Zip Code

HOME PHONE 1843 908-3407 WORK PHONE 718-716-6000

SIGNATURE Debra Brown

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Gloria
Last Name First Middle

HOME ADDRESS 1590 Madison Ave
Ny Ny 10029
City State Zip Code

HOME PHONE 212 348-6025 CELL PHONE 917-545-4599

SIGNATURE Gloria Brown PERSONAL E-MAIL Cake 9855@gmail.com
9855

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Brown Nicole
Last Name First Middle

HOME ADDRESS 3504 Port Hambeau Ave # 5-D
Bronx N.Y. 10467
City State Zip Code

HOME PHONE 917.805.0199 WORK PHONE 917.331.2141

SIGNATURE Nicole Brown

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BROWN, Valencia Mabandla
Last Name First Middle

HOME ADDRESS 855 West End Avenue
New York, N.Y. 10025
City State Zip Code

HOME PHONE (212) 961-1173 WORK PHONE (212) 701-4346

SIGNATURE Valencia Brown

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Browne Linda M.
Last Name First Middle

HOME ADDRESS 934 Dumont St
Brooklyn NY 11207
City State Zip Code

HOME PHONE 212-583-2959 WORK PHONE 212-701-4300

SIGNATURE 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Buckley Courtney Lamont
Last Name First Middle

HOME ADDRESS 871 Elton Ave
Bronx NY 10451
City State Zip Code

HOME PHONE Cell 646-772-4780 WORK PHONE _____

SIGNATURE Courtney Buckley

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Bullock Joyce
Last Name First Middle

HOME ADDRESS 203 Weirfield Street
Brooklyn NY 11221
City State Zip Code

HOME PHONE (718) 347 3920 WORK PHONE (718) 716 9731

SIGNATURE Joyce Bullock

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME BUTLER KIMBERLEY
Last Name First Middle

HOME ADDRESS 148-31 HOOK CREEK BLVD
ROSEDALE NY 11422
City State Zip Code

HOME PHONE _____ WORK PHONE (212) 701-4386

SIGNATURE Kimberley Butler

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Butler Regina M
Last Name First Middle

HOME ADDRESS 41-17 Rockaway Beach 1st Floor
Far Rockaway NY 11691
City State Zip Code

HOME PHONE 516 640 2161 WORK PHONE 718 725-2083

SIGNATURE Mrs Regina Butler

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Butler Terrace Michelle
Last Name First Middle

HOME ADDRESS 252 East 39th Street, #2R
Brooklyn, NY 11203
City State Zip Code

HOME PHONE 347-915-2263 WORK PHONE 347-720-5373

SIGNATURE Terrace Butler

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME

CABRERA Frank

Last Name

First

Middle

HOME ADDRESS

230 East 123rd St #2703

New York N.Y.

10035

HOME PHONE

(646) 537-5280

WORK PHONE

1718-716-6104

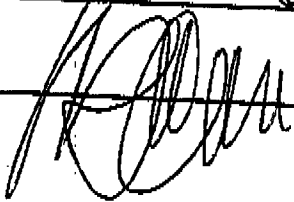
SIGNATURE

Frank Cabrera

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Calderon Boris J
Last Name First Middle
HOME ADDRESS 418 Central Park West #30
NEW YORK NY 10025
City State Zip Code
HOME PHONE 646-600-4589 WORK PHONE _____
SIGNATURE 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Caldwell Michael
Last Name First Middle

HOME ADDRESS P.O. Box 853
New York NY 10272
City State Zip Code

HOME PHONE 917-969-0234 WORK PHONE 212-361-8666

SIGNATURE [Signature]

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Camacho Michael
Last Name First Middle

HOME ADDRESS 2945 White Plains Road #7B
Bronx, New York NY 10467
City State Zip Code

HOME PHONE 347-274-7651 WORK PHONE _____

SIGNATURE Michael Camacho

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Cameron Nora S
Last Name First Middle

HOME ADDRESS 2108 Park Bronx East Apt 4A
Bronx NY 10460
City State Zip Code

HOME PHONE 347-792-9853 WORK PHONE 347-489-8924

SIGNATURE 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Carswell Artenkah
Last Name First Middle

HOME ADDRESS 84 Paulaski Street
Brooklyn NY 11206
City State Zip Code

HOME PHONE 917-395-5199 WORK PHONE _____

SIGNATURE A. Carswell

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Centeno Miriam Luz
Last Name First Middle

HOME ADDRESS 530 E. 137st 11i
Bronx n.y. 10454
City State Zip Code

HOME PHONE (917) 946-8849 WORK PHONE (212) 761-4300

SIGNATURE Miriam L Centeno

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

CONSENT TO SUE

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Chamblin Jocelyne N.
Last Name First Middle

HOME ADDRESS 1355 East 56th Apt #1 1st Floor R Bk
Brooklyn New York 11234 3331
City State Zip Code

HOME PHONE 718 444-5573 WORK PHONE 718 363-3666

SIGNATURE Jocelyne Chamblin 9/19/16

CONSENT TO SUE

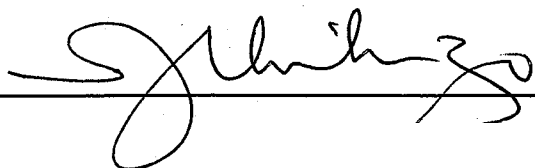
REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME CHIBUZO JOHN CHUKWUEMEKA
Last Name First Middle

HOME ADDRESS 238-62 116th ROAD
ELMONT NY 11003
City State Zip Code

HOME PHONE _____ WORK PHONE 212 701 4397

SIGNATURE 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Clark Derek L
Last Name First Middle

HOME ADDRESS 172-20 116th Ave
Jamaica, NY 11434
City State Zip Code

HOME PHONE 718-527-6267 WORK PHONE 718-716-7527

SIGNATURE Derek Clark

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Cotfield Trevor E
Last Name First Middle

HOME ADDRESS 1530 Pennsy/Vania Ave SG
Brooklyn NY 11239
City State Zip Code

HOME PHONE 347-404-7382 WORK PHONE 718-716-7551

SIGNATURE T. Cotfield

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Collins Keisha R
Last Name First Middle

HOME ADDRESS 630 Stanton Ave. Apt. 6 E
BKlyn NY 11207
City State Zip Code

HOME PHONE 347 787 5666 WORK PHONE 212 701 4300

SIGNATURE Keisha Collins

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME cornell Cedre
Last Name First Middle

HOME ADDRESS 8730 204th street apt B75
Hollis NY 11423
City State Zip Code

HOME PHONE (917) 364-8334 WORK PHONE (918) 716-6541

SIGNATURE Cedre Cornell

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME COULOUTE CLIFFORD
Last Name First Middle

HOME ADDRESS 994 E 42ND STREET
BROOKLYN NY 11210
City State Zip Code

HOME PHONE 718-2539624 CELL PHONE 917 648 7378

SIGNATURE *Petra Couloute* PERSONAL E-MAIL petracouloute@gmail.com

CONSENT TO SUE


REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME CROSBY, TREVOR
Last Name / First Middle

HOME ADDRESS 2016 Union Street Apt # B3
Brooklyn N.Y. 11212
City State Zip Code

HOME PHONE (347) 743-3884 WORK PHONE (718) 716-6123

SIGNATURE T. Crosby 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Crowley Leonard Wayne
Last Name First Middle

HOME ADDRESS 140 Menahan Street
Brooklyn N.Y. 11221
City State Zip Code

HOME PHONE 718) 602-9685 WORK PHONE 929) 248-0878

SIGNATURE x Leonard Crowley

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Cumberbatch Monica
Last Name First Middle

HOME ADDRESS 105 Lefferts Place F46
Brooklyn NY 11238
City State Zip Code

HOME PHONE 718-622-7660 WORK PHONE 718-688-8350

SIGNATURE Monica Cumberbatch

CONSENT TO SUE

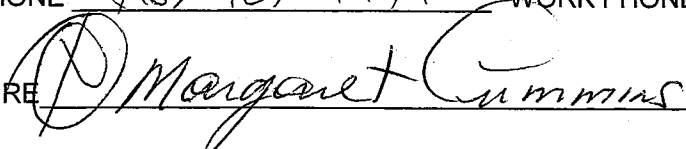
REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME CUMMINS MARGARET
Last Name First Middle

HOME ADDRESS 1634 ST. MARKS AV APT 4G
BROOKLYN, NY 11233
City State Zip Code

HOME PHONE (718) 927-1471 WORK PHONE (212) 481-4274

SIGNATURE 

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

CONSENT TO SUE

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME DANEY · Natasha Toi
Last Name First Middle

HOME ADDRESS 229 West 144th St #32
New York NY 10030
City State Zip Code

HOME PHONE 212-491-9281 WORK PHONE 718-716-7704

SIGNATURE Natasha L. Daney

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Danmole Faruq
Last Name First Middle

HOME ADDRESS 301 Sterling Street Apt # 3J
Brooklyn NY 11225
City State Zip Code

HOME PHONE _____ WORK PHONE 347-623-2455

SIGNATURE [Signature]

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Darrisaw Stephanie
Last Name First Middle

HOME ADDRESS 388 Pearl St #4E
NY NY 10038
City State Zip Code

HOME PHONE 917-244-3542 WORK PHONE 212-312-4717

SIGNATURE Stephanie Darrisaw

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME DAVID ANNE - MARIE C.
Last Name First Middle

HOME ADDRESS 253 - 26 148TH AVE
ROSEDALE N.Y 11422
City State Zip Code

HOME PHONE 718 - 528 - 4642 CELL PHONE 646 - 303 - 2060

SIGNATURE Anne - Marie C. David PERSONAL E-MAIL mateco58@yahoo.com

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME David Nicole L.
Last Name First Middle

HOME ADDRESS 559 Chestnut St.
Brooklyn Ny. 11208
City State Zip Code

HOME PHONE (917) 653-7966 WORK PHONE (212) 361-0913

SIGNATURE Nicole L. David

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME DER PRANAY KUMAR
Last Name First Middle

HOME ADDRESS 39-77 51 St., # B2
Woodside NJ 11377
City State Zip Code

HOME PHONE 929 245 2012 WORK PHONE 718-716-7722

SIGNATURE Pranay Kumar

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME DECAUL DORITHA NORENE
Last Name First Middle

HOME ADDRESS 1109-61 144 ROAD
Queens NY 11434
City State Zip Code

HOME PHONE 917 847 8354 WORK PHONE 718 716 6446

SIGNATURE 

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Díaz Susana
Last Name First Middle

HOME ADDRESS 340 Morris Ave. Apt. 5F
Bronx N.Y. 10451
City State Zip Code

HOME PHONE (718) 684-3915 WORK PHONE 718-716-7707

SIGNATURE Susana Díaz

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME DICKERSON Robin CORBYELL
Last Name First Middle

HOME ADDRESS 773 CONCURSE VILLAGE EAST
BRONX, NEW YORK, N.Y. 10451
City State Zip Code

HOME PHONE 917 670 2359 WORK PHONE 646 765 9968

SIGNATURE Robin Dickerson

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Dicks Errol
Last Name First Middle

HOME ADDRESS 384 LAFAYETTE Ave
Brooklyn N.Y. 11238
City State Zip Code

HOME PHONE 347 405 5712 WORK PHONE 718 716 6451

SIGNATURE [Signature]

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Dillion Nia Milikia
Last Name First Middle

HOME ADDRESS 1460 Washington Ave # 70
Bx NY 10456
City State Zip Code

HOME PHONE 347-270-9355 WORK PHONE 212-312-4799

SIGNATURE Nia Dillion

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME DJAHOUÉ DELAGIE
Last Name First Middle

HOME ADDRESS 2215 CRUGER AVE, #APT 4D
BRONX NY 10467
City State Zip Code

HOME PHONE 347-726-5161 WORK PHONE 718-716-6000

SIGNATURE Delagie Mahuru

(Continue on Reverse)

REQUEST TO BECOME PARTY-PLAINTIFF

CONSENT TO SUE

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Donaldson Samantha N
Last Name First Middle

HOME ADDRESS 658 E 103 Street
Brooklyn, NY 11236
City State Zip Code

HOME PHONE 9172023871 WORK PHONE 2124814704

SIGNATURE Santha Donaldson

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Dorsey Darrell D
Last Name First Middle

HOME ADDRESS 252 Crescent St
Brooklyn New York 11208
City State Zip Code

HOME PHONE 917-995-8759 WORK PHONE _____

SIGNATURE Darrell Dorsey

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Dulore Gary
Last Name First Middle

HOME ADDRESS 35 Paesdegat 7th Street
Brooklyn NY 11236
City State Zip Code

HOME PHONE (718) 490-9348 WORK PHONE (718) 716-6559

SIGNATURE [Signature]

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Dupenal Ricardo
Last Name First Middle

HOME ADDRESS 1339 Gipsom St.
Far Rockaway NY 11691
City State Zip Code

HOME PHONE _____ CELL PHONE (646) 400-4828

SIGNATURE R Dupenal PERSONAL E-MAIL ricardodupenal.com

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Duprey Zenaida
Last Name First Middle

HOME ADDRESS 90 Eleanor Drive
Mahopac NY 10541
City State Zip Code

HOME PHONE 929-227-2565 WORK PHONE _____

SIGNATURE Zenaida Duprey

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Easton Jamie
Last Name First Middle

HOME ADDRESS 131-18 109th Ave
South Ozone Park NY 11420
City State Zip Code

HOME PHONE 718 431-4008 WORK PHONE 718 431-4008

SIGNATURE Jamie Easton

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME EMIGIATOR JOHNBULL

Last Name

First

Middle

HOME ADDRESS 347 SARATOGA AVE. #2

BROOKLYN NY 11233

City

State

Zip Code

HOME PHONE 347 581 5642 WORK PHONE _____

SIGNATURE Kimberly Turnbull

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME EJAMIKE VINCENT
Last Name First Middle

HOME ADDRESS 278 Bedford Park Blvd. #6A
BRONX NY 10458
City State Zip Code

HOME PHONE 718-574-7765 WORK PHONE 718-716-6433

SIGNATURE V. 574 Vincent Ejamilke

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME EL-ANSARI CYNTHIA N/A
Last Name First Middle

HOME ADDRESS 2580 RICHMOND TERRACE - Aptmt # 3
STATEN ISLAND, New York
City State Zip Code

HOME PHONE (718) 273-8739 WORK PHONE (212) 481-8867

SIGNATURE Cynthia El-Ansari

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME E / I E Jacqueline Harris
Last Name First Middle

HOME ADDRESS 3415 Knox Place #5A
Bloomington IN 47404
City State Zip Code

HOME PHONE 342641 0036 CELL PHONE 347 641 0036

SIGNATURE [Signature] PERSONAL E-MAIL Jacqueline4love@gmail.com

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME ENYI Uloma Grace
Last Name First Middle

HOME ADDRESS 3044 Third Ave Apt 5D
Bronx NY 10451
City State Zip Code

HOME PHONE 718 292 9290 WORK PHONE 212 481 4643 or 4474

SIGNATURE Guloma Enyi

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Escourse DAVID
Last Name First Middle

HOME ADDRESS 2 West 120 Street, 4A
New York NY 10027
City State Zip Code

HOME PHONE 862-888-8097 WORK PHONE 718-716-6123

SIGNATURE David Escourse

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Espinosa Claibel
Last Name First Middle

HOME ADDRESS 590 Fort Washington Avenue, Apt 2F
New York. N.Y. 10033
City State Zip Code

HOME PHONE None WORK PHONE 718-416-7736 Cell phone 347-387-5614

SIGNATURE Claibel Espinosa

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Etienne Enel J
Last Name First Middle

HOME ADDRESS 43 Circle Drive
Westbury NY 11590
City State Zip Code

HOME PHONE 516-280-6045 WORK PHONE (918) 716-7731

SIGNATURE Etienne Enel

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

CONSENT TO SUE

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME EVANS ALLSTON
Last Name First Middle

HOME ADDRESS 1710 Lafayette ave. Apt 4E
Bronx N.Y. 10473
City State Zip Code

HOME PHONE (646) 961-0386 WORK PHONE (718) 716-8122

SIGNATURE Allston Evans

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME EVANS CORREY
Last Name First Middle

HOME ADDRESS 314 Greene Ave
Bklyn NY 11238
City State Zip Code

HOME PHONE 718 812-0944 WORK PHONE 718 716-6102

SIGNATURE [Signature]

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Falokun Kathleen M
Last Name First Middle

HOME ADDRESS 384 Ocean Avenue
Jersey NJ 07305
City State Zip Code

HOME PHONE 917-535-5571 WORK PHONE 212-701-4300

SIGNATURE A Falokun

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME FARHAD GHULAM SARWAR
Last Name First Middle

HOME ADDRESS 89-83 VANDERVEER ST.
QUEENS VILLAGE, N.Y. 11427
City State Zip Code

HOME PHONE 718-472-0174 WORK PHONE 212-361-8583

SIGNATURE G. Sarwar

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME FAUSTIN Lennard
Last Name First Middle

HOME ADDRESS 550 Mother Gaston Blvd
Bk NY 11212 APT 4F
City State Zip Code

HOME PHONE 1347 856 0209 WORK PHONE 1718 688 8350

SIGNATURE h Faustini

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Fenton Franklin
Last Name First Middle

HOME ADDRESS 15 Hillside Ave
New Windsor NY 12553
City State Zip Code

HOME PHONE 646-331-9927 WORK PHONE 212-701-4322

SIGNATURE Franklin Fenton

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Fernanda KRANKIN JASON
Last Name First Middle

HOME ADDRESS 54 Weiden St
Brooklyn NY 11208
City State Zip Code

HOME PHONE 917 400-4696 WORK PHONE same

SIGNATURE Krankin Fernando

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

I hereby consent to become a party plaintiff in an action to recover overtime wages and other relief under the Fair Labor Standards Act.

NAME Figuerola Jose Maria
Last Name First Middle

HOME ADDRESS 1731 Harrison ave #69
Brox NY 10453
City State Zip Code

HOME PHONE 718 583 4917 WORK PHONE 929 422 8570

SIGNATURE [Signature]

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

CONSENT TO SUE

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NAME FLAGG CHARLES

Last Name

First

Middle

HOME ADDRESS 86 WILLIAM STREET

HEMPSTEAD NY 11550

City

State

Zip Code

HOME PHONE 516 850-2765

WORK PHONE 718 716-6013

SIGNATURE Chr Flagg

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

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NAME Studd Elvona
Last Name First Middle

HOME ADDRESS 2 Pulaski Street, Apt. 3C
BROOKLYN NY 11206
City State Zip Code

HOME PHONE 347-548-3628 WORK PHONE 718-636-3908

SIGNATURE Elvona Studd

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

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NAME Flynn Amada Pearl
Last Name First Middle

HOME ADDRESS 2430 7th Ave
New York NY 10030
City State Zip Code

HOME PHONE 347-224-0403 WORK PHONE _____

SIGNATURE Amada Pearl Flynn

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF - DHS EMPLOYEES OVERTIME PAY

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NAME FOGLE BARBARA
Last Name First Middle

HOME ADDRESS 880C 8th Ave #312
New York NY 10019
City State Zip Code

HOME PHONE 917-763-6745 WORK PHONE _____

SIGNATURE Barbara Fogle

CONSENT TO SUE

REQUEST TO BECOME PARTY-PLAINTIFF – DHS EMPLOYEES OVERTIME PAY

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NAME FORD RICARDO ALFONSO
Last Name First Middle

HOME ADDRESS 50 Debevoise Ave Apt 3-C
BROOKLYN N.Y. 11211
City State Zip Code

HOME PHONE 347 858 4235 WORK PHONE 718 963 3800

SIGNATURE Ricardo Ford